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Bib Data Sheet

CONFIRMATION NO. 1708

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>09/829,385 | <b>FILING DATE</b><br>04/09/2001<br><b>RULE</b> | <b>CLASS</b><br>370 | <b>GROUP ART UNIT</b><br>2661 | <b>ATTORNEY DOCKET NO.</b><br>APP 1306-US |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLN CLAIMS BENEFIT OF 60/245,597 11/03/2000 *Yes. AC*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE**  
**GRANTED \*\* 05/11/2001**

*None. AC*

|   |                               |                            |                           |                                |
|---|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>NJ | <b>SHEETS DRAWING</b><br>4 | <b>TOTAL CLAIMS</b><br>11 | <b>INDEPENDENT CLAIMS</b><br>1 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                            |                           |                                |
| Verified and Acknowledged<br>Examiner's Signature <i>[Signature]</i> Initials <i>AC</i>   |                               |                            |                           |                                |

**ADDRESS**

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445 South Street - Room 1G-112R  
Morristown, NJ 07960

**TITLE**

Method and system for quality of service provisioning for IP virtual private networks

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>710 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                   |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                                   |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|                                   |   | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
|                                   |   | <input type="checkbox"/> Other _____                           |
|                                   |   | <input type="checkbox"/> Credit                                |